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PSYCHIATRY FOR THE NON-PSYCHIATRIC PHYSICIAN: A BIBLIOGRAPHY

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PSYCHIATRY FOR THE NON-PSYCHIATRIC PHYSICIAN:

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Compiled by

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Reference Division
National Library of Medicine

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FORWARD

Recent months have seen an upsurge of interest in the physician's using more psychiatric knowledge in his day-to-day practice. An article in a medical journal once contained little more than an occasional pious and vague hope that the physician treating a certain medical or surgical condition would "consider and manage the associated emotional factors," whereas of late papers have often provided specific hints on the nature and management of those factors.

The effort to increase the family physician's psychiatric effectiveness has also involved the creation of special training courses. Both family physician and psychiatrist know that the complex skills required to manage emotions related to medical and surgical illness cannot be learned from a text-book, journal, or incidental lecture alone, nor are they born full blown from the good intentions of a loving doctor. As a result, family physicians have come to demand serious postgraduate training.

First one and then another psychiatric group in clinic, hospital, medical school, and elsewhere have risen to this demand with training courses of varying length, complexity, and hue. In the virtual absence of an academic tradition, each teaching group has started anew when deciding on course content and methodology of teaching. The result of this variegated approach has been the accumulation of a broad and valuable trial-and-error teaching experience---an accretion process that is continuing at a rapid rate today. Increasingly information and teachers' opinions distilled from this experience are found in medical periodicals and books.

The National Library of Medicine in Washington, D.C., detecting interest in education of the family physician, took the initiative to provide some background writings, and in a short time extracted and annotated from a substantial list of journals and books the bibliography that follows. The bibliographic entries have been listed under categories found useful by many of those engaged in physician education. But since this is a new field of education, many of the papers listed are quite general and comprehensive. For this reason, the reader will find much categorical material contained in articles listed in the general section of the bibliography. Presumably, as work in this field continues, more papers and books will appear dealing exhaustively with specific aspects of the problem.

The group of psychiatrists planning a course for family physicians, the student-physician desiring to broaden his course work by outside reading, the isolated physician without access to a psychiatrist teacher, and the many others seeking to enhance their own or others' sophistication in psychiatric principles and techniques will find this bibliography a valuable aid.

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PREFACE

This bibliography lists books and articles written specifically to aid the non-psychiatric physician in recognizing and managing the mental and emotional disorders he encounters in his practice. It is neither an exhaustive nor an inclusive list. The criterion for selection was the author's intent: the instruction in basic psychiatry of the non-psychiatric physician for application to daily practice. Since library catalogs and indexes often do not bring out such intent, many works have probably been overlooked; nevertheless it is hoped that the list will prove a useful approach to a rapidly growing literature.

The books and journal articles listed are all in English, and except for a few especially useful ones, have all been published since 1957. They are arranged in broad categories, but since many articles contain material on several subjects, there is much overlapping. Descriptive annotations are quoted from the articles themselves. Section VII contains material on the teaching of psychiatry to non-psychiatrists, with reports of individual teaching experiences, as well as discussions of methodology.

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I. PSYCHIATRY AND THE NON-PSYCHIATRIC PHYSICIAN: COMPREHENSIVE DISCUSSIONS

Books:

1. Hargreaves, G.R. Psychiatry and the public health. London, Oxford Univ. Press, 1958. (University of London. Heath Clark Lectures, 1957) 118 p. Chapter 4. Psychiatry and the family doctor, p. 72-96.

2. Whitehorn, J.C. Psychiatric education and progress. Springfield, Ill., Thomas, 1957. (Salmon Lectures of the New York Academy of Medicine, Nov. 30, 1955) 48 p. Especially Part 2.

Journal References:

3. Anderson, R.A. What should we ask of psychiatry? J.M. Ass. Alabama 28: 1-4, 1958. The 1958 Jerome Cochran Lecture.

4. Appel, K.E. Medical and psychiatric collaboration; importance and possibility. J. Michigan M. Soc. 56: 1280-1283, 1292, 1957.

5. Banov, Leon. General practice and mental health. Editorial. J.S. Carolina M. Ass. 53: 396-397, 1957. "In summary the most promising contributions of the general practitioner to community mental health lie in general and special strengthening of individual and family resistance to mental stress, and in early diagnosis and treatment of emotional disorders."

6. Bartemeier, L.H. Psychiatric training programs for general practitioners. In: "Comment". Am. J. Psychiat. 115:946, 1959.

7. Gorman, M. Trends in mental health that concern general practice. J. Indiana M. Ass. 51: 1527-1532, 1958.

8. Goshen, C.E. Project for the creation of better understanding of psychiatry by the general practitioner. South. M. J. 52: 30-34, 1959.

9. ----- Mental health principles in practice. GP 17 (Mar.) : 105-107, 1958.

10. ----- A mental health plan for general practitioners. Med. Annals D.C. 28: 312-315, passim, 1959.

11. Jeffries, B. General practice and psychiatry. J. Michigan M. Soc. 57: 1545-1546, passim, 1958.

12. Kaufman, M.R. Graduate education for general practice from the viewpoint of psychiatry. J. Am. M. Ass. 163: 1600-1601, 1957. "The General Practitioner in his education today needs not a diluted form of psychiatry but psychiatric knowledge presented without compromise as to basic concepts. Recognition of diagnostic categories is essential."

13. Levine, Maurice. The evolution of psychiatry as an integral part of medical practice. J. Michigan M. Soc. 56: 218-222, 1957.

14. Morse, R.T. A serious and little-recognized deficit in postwar psychiatric residency training. Am. J. Psychiat. 115:899-904, 1959. Relationship between psychiatrist and medical profession.

15. Parks, F. M. The general practitioner and mental health; the general practitioner constitutes the first line of defense in the fight against mental illness. J.M. Ass. Georgia 48: 255-258, 1959.

16. Pasamanick, Benjamin. Future explorations in mental health and disease. Am. J. Pub. Health 47:1242-1249, 1957.

17. Pegg, F.G. The role of the general practitioner in a local mental health program. Med. Times, Manhasset, 86: 1376-1381, 1958.

18. Psychological medicine in general practice; a report prepared by a working party of the Council of the College of General Practitioners. Brit. M. J. 2: 585-590, 1958. Discusses importance of this type of medicine in general practice and types of psychological illness seen by family doctors; examines leading part that should be played by family doctor and instruction required; points out help that may be given by general practitioner with special interest; makes six recommendations.

19. Roth, V.E., Rury, J.L., Downing, J.J. Psychiatric patients in a general practice. GP 20 (Aug.): 106-110, 1959.

20. Watters, T.A. The general practitioner and psychiatry. J. Louisiana M. Soc. 111: 64-69, 1959.

21. What general practitioners think about psychiatry. Med. Times, Manhasset, 85: 467-474, 1957. Tape recorded condensation of panel discussion between two psychiatrists and three general practitioners.

22. Wittson, C.L., Strough, LaV. C., Smith, J.A. Psychiatric problems and preferences for instruction; an appraisal of reports by 338 general practitioners. J. Am. M. Ass. 168: 1747-1750, 1959.

Panel Discussions and Symposia

23. Gwartney, R.H., Auerback, A., Nelken, S., Goshen, C.E. Panel discussion on psychiatric emergencies in general practice. J. Am. M. Ass. 170: 1022-1030, 1959.

24. Panel discussion: Allergy and the psyche. Discussants: Prigal, S.J., Farmer, L., Wortis, J., Baer, R.L., Gantt, W.H. N. York State J. M. 58: 534-547, 1958.

25. Panel discussion: Early recognition of psychiatric conditions. N. York State J.M. 59: 253-265, 1959. Alvarez, W.A., Moderator; Rutler, H.L., and others, discussants.

26. Panel discussion on psychotherapeutic measures in the adjustments of our senior citizens. J. Am. Geriat. Soc. 7: 527-550, 1959. Conducted at the 14th Annual Meeting of the American Geriatrics Society, New York, May 30, 31, 1957. Moderator, Clow, H.E.; Panelists, Allen, E.B., Barrie, Robert, Goldfarb, A.I., Martin, A.R., Wall, J.H.

27. Panel on emotional health of women. Ryder, C.F., Hungerford, M.J., Kirk, B.A., and Vickery, F.E. J. Am. M. Women Ass. 13: 390-398, 1958.

28. Panel on physician in role of advisor. Nemir, R.L., Ahlem, J., Henry, M.M., Helz, M., Brodie, J.L., Anderson, Camilla. J. Am. M. Women Ass. 13: 383-389, 1958.

29. Panel on psychiatry in American medicine. J. Am. M. Ass. 163: 95-111, 1957. Presented at the General Scientific Meeting, 105th Annual Meeting, American Medical Association, June 11, 1956. Bartemeier, L.H. American medicine and the development of psychiatry, p. 95-97; Forster, F.M. Psychological handling of the chronically incapacitated patient, p. 102-105; Gardner, G.E. Child

psychiatry and the general practitioner, p. 105-108; Kaufman, M.R. A psychiatric evaluation of the problem patient; study of 1000 cases from a consultation service, p. 108-111; Smith, L.H. The longitudinal pattern in psychiatric therapy, p. 97-102. "The presentations that comprise this symposium are intended to convey practical information regarding the psychiatric aspects of everyday medical practice."

30. Symposium on clinical problems in psychiatry. L.C. Kolb, consulting editor. Med. Clin. N. America (May): 723-837, 1958. Bender, L. Psychiatric problems of childhood, p. 755-767; Clow, H.E. Psychiatric problems of the aged, p. 791-804; Fox, Ruth. Treatment of chronic alcoholism, p. 805-814; Hamilton, F.J., and Masterson, J.F. Management of psychoses in general practice, p. 823-837; Herman, M. Anxiety and tension states, p. 723-732; Hoch, P.H. Use of tranquilizing agents in psychoses and neuroses, p. 781-789; Kaufman, M.R. Psychotherapy in general practice: indications and limitations, p. 733-739; Nyswander, M. The treatment of drug addiction, p. 815-822; Rosenbaum, M., and Reiser, M. F. Principles of management of psychosomatic disorders, p. 769-779; Wortis, S.B., and Helpern, F. Psychological tests and indications for their use, p. 741-753.

31. Symposium: Psychiatric disorders. Special editor, L.C. Kolb. J. Chronic Dis. 9: 185-326, 1959. Kolb, L.C. Introduction to symposium on psychiatric disorders, p. 185-186; Aldrich, C.K. Psychoneuroses and their management in general practice, p. 212-219; Chapman, K.W. Management and treatment of drug addiction, p. 315-326; Engel, G.L., and Romano, J. Delirium, a syndrome of cerebral insufficiency, p. 260-277; Goldfarb, A.I. Depression, brain damage, and chronic illness of the aged; psychiatric diagnosis and treatment, p. 220-233; Gottlieb, J.S., and Tourney, G. The depressive illnesses; their diagnosis and treatment, p. 234-248; Gruenberg, E.M. The prevention of mental disorders, p. 187-198; Hollender, M.H. Ambulatory schizophrenia, p. 249-259; Kolb, L.C. Anxiety and the anxiety states, p. 199-211; Kubie, L.S. The challenge of the partial cure, p. 292-297; Malitz, S. The use of modern pharmacologic agents in psychiatric disorders, p. 278-291; Meyer, E. The psychosomatic concept, use and abuse, p. 298-314.

32. Weiss, J.M.A., Gildea, E.F., Davis, David, Mensh, I.N. Psychiatric problems of later life. I. Nature and scope, Am. Practitioner 9: 1955-1959, 1958. II. Clinical syndromes, Ibid. 10: 61-65, 1959. III. Treatment and rehabilitation, Ibid. 10: 225-228, 1959.

II. THE PSYCHIATRIC BASIS OF MEDICAL PRACTICE

Books:

33. Aldrich, C.K. Psychiatry for the family physician. New York, McGraw-Hill, 1955. 276 p. Bibliography, p. 254-263.

34. Bird, Brian. Talking with patients. Philadelphia, Lippincott, 1955. 154 p. First published in: Am. Practitioner 6: 269-290, 1955, and 6:773-795, 1955.

35. Bond, D.H., Flumerfelt, J.M., Bidder, T.G. Psychiatry. In: Cecil, R.L., and Conn, H.F. eds. The specialties in general practice. 2d ed. Philadelphia, Saunders, 1957. Chapt. 14, p. 700-744.

36. Bosselman, B.C. Psychiatry in theory and practice. Springfield, Ill., Thomas, 1957. 150 p. Based on lectures given to first year residents at Univ. of Illinois Neuropsychiatric Institute. L.H. Weiner, M.D., reviews it for general practitioners in GP: "The book is excellently done ... clear, concise, and well planned ... highly recommended to family physicians."

37. Hart, Bernard. The psychology of insanity. 5th ed. Cambridge, Cambridge Univ. Press, 1957. 127 p.

38. Hollender, M.H. The psychology of medical practice. Philadelphia, Saunders, 1958. 276 p. "Those psychological problems encountered in practice which the physician will attempt to handle himself." Introduction, p. 3.

39. Kraines, S.H. Mental depressions and their treatment. New York, Macmillan, 1957. 555 p.

40. Lemkau, P.V. Basic issues in psychiatry. Springfield, Ill., Thomas 1959. 106 p. A series of lectures delivered in the postgraduate medical education program of the University of Florida, accredited by the Academy of General Practice. This group of lectures was correlated with lectures in internal medicine. The author looks forward to the day when psychiatrists can say that most psychiatry is done by general practitioners.

41. Liebman, Samuel, ed. Management of emotional problems in medical practice. Philadelphia, Lippincott, 1956. 152 p.

42. ----- ed. Understanding your patient. Philadelphia, Lippincott, 1957. 170 p. Based on the 7th Annual Lecture Series of the North Shore Hospital, Winnetka, Ill., titled: The Medical Practitioner's Contributions Toward Healthy Emotional Development -- the Physician as Counselor. Includes: Psychological preparation of the individual for medical and surgical care, problems of children and adults.

43. Meares, Ainslie. The medical interview; a study of clinically significant interpersonal reactions. Springfield, Ill., Thomas, 1957. 117 p. "Discussion of the interview that does not concern organic illness or is not a psychiatric interview."

44. Mezer, R.R. Dynamic psychiatry in simple terms. New York, Springer, 1956. 174 p. The author attempts to portray the growth and development of the individual in the framework of psychoanalytic thought, simplifying the theories and observations and expressing them in plain English.

45. Topics in psychiatry; the Proceedings of a Specialist Conference in Psychiatry held in Glasgow, October, 1957, under the auspices of the Post-Graduate Medical Education Committee of the University of Glasgow and the Royal Faculty of Physicians and Surgeons of Glasgow. Ed. by T.F. Rodger, and others. London, Cassell, 1958. 265 p. Areas of psychiatry are discussed in which there have been recent significant changes of outlook but, more particularly, areas in which viewpoints have begun to converge. Subjects covered are: Schizophrenia, Psychosomatic medicine, Mental deficiency, Biochemistry and genetics.

Journal References:

46. Aring, C.D. Sympathy and empathy. J. Am. M. Ass. 167: 448-452, 1958. "A subtle and significant feature of a happy medical practice is to remain unencumbered by the patient's problem."

47. Brady, J.P. Language in schizophrenia: review of several approaches to the problem. Am. J. Psychother. 12: 473-487, 1958. "Some of the important work on the problem is reviewed. An attempt is made to present different approaches to the subject against the background of changing attitudes in psychiatry."

48. Cowie, Valerie. Heredity and mental disease. Practitioner, London, 183: 152-158, 1959. Addressed to the general practitioner. "Study of psychiatric genetics is still in its early stages, but sufficient is known to allay many of the fears commonly held regarding the transmission of mental disorder, and to provide a sound basis for genetical counselling."

49. Davidson, H.A. The doctor's personality as a factor in medical care. J. M. Soc. New Jersey 55: 490-500, 1958.

50. Dorsey, J.M. Psychological medicine. J. Michigan M. Soc. 56: 1255-1265, 1957.

51. Galvin, James. Psychoanalysis and general medicine. Am. J. M. Sc. 235: 100-106, 1958. Discusses imperfect communication between general practice and psychoanalysis. The general practitioners may not recognize similarity of what they do to what the analyst does. Reviews definitions of basic psychoanalytic concepts: The unconscious, transference, free association, and resistance.

52. Garmany, G. Depressive states; their aetiology and treatment. Brit. M. J. 2: 341-344, 1958. Discussion: Bockner, S. Depressive states. Brit. M. J. 2: 637-638, 1958.

53. Haase, Ernst. Psychoneurosis; structure, origin and treatment. Postgrad. M. 21: 388-395, 1957.

54. Hollender, M.H., and Szasz, T.S. Normality, neurosis and psychosis; some observations on the concepts of mental health and illness. J. Nerv. Ment. Dis. 125: 599-607, 1957.

55. Kaplan, H.I., and Kaplan, H.S. Current theoretical concepts in psychosomatic medicine. Am. J. Psychiat. 115: 1091-1096, 1959. Review article. Three groups of psychosomatic theorists are reviewed. "It is important for the nonpsychiatric medical practitioner to be aware of the existence of the psychosomatic relationship, and of the fact that different opinions about etiology exist."

56. Kaufman, M.R. Graduate education for general practice from the viewpoint of psychiatry. J. Am. M. Ass. 163: 1600-1601, 1957. "The General Practitioner in his education today needs not a diluted form of psychiatry but psychiatric knowledge presented without compromise as to basic concepts. Recognition of diagnostic categories is essential."

57. Kaufman, M.R. The problem of psychiatric sympton formation. J. Michigan M. Soc. 57: 71-76, passim, 1958.

58. Lewis, S.M. A formulation for psychosomatic practice. J.M. Soc. New Jersey 55: 662-665, 1958. Definitions, requirements, limitations.

59. Martin, P.A. Kaleidoscopic nature of psyche and soma. J. Michigan M. Soc. 56: 1249-1251, 1957.

60. Miller, M. H., and Greenfield, N.S. Body image: the value of a psychiatric construct in medical practice. Am. Practitioner 10: 447-450, 1959.

61. Odlum, D.M. The modern concept of psychosomatic medicine. Med. World, London, 90: 217-223, 1959.

62. O'Neil, J.F. The present day meaning of insight. Bull. N. York Acad. M. 35: 332-336, 1959.

63. Overholser, W., and Werkman, S.L. Etiology, pathogenesis and pathology of schizophrenia. In: Bellak, L., ed. Schizophrenia. New York, Logos Press, 1958. p. 83-106. Bibliography, p. 762-770, 176 references. Review article, covering 1946-1956.

64. Silverman, Samuel. Psychiatry for nonpsychiatric physicians. Med. Times, Great Neck, 85: 1191-1198, 1957.

65. Sottong, O.C. Basic principles of psychiatry. Med. Times, London, 87: 71-74, 1959. Principles of mental health and illness which may provide some sense of pattern and direction to the physician.

66. Stengel, E. Concepts of schizophrenia. Brit. M.J. 1: 1174-1176, 1957. Concise review of historical and current concepts. "Psychiatry has in this field not progressed beyond working hypotheses."

67. Strecker, E.A. Contributions of psychiatry to the theory and practice of medicine during the past four decades. Med. Clin. N. Am. (July): 1123-1137, 1957. Lists contributions to general medicine, tools of psychiatry, progress in psychiatric diseases.

68. Wall, J.H. The changing concepts of involutional melancholia. J. S. Carolina M. Ass. 53: 383-387, 1957. Brief review article.

III. RECOGNITION OF PSYCHIATRIC CONDITIONS

69. Ausubel, D.P. Some comments on the nature, diagnosis and prognosis of neurotic anxiety. Psychiat. Q. 30: 77-78, 1956.

70. Clark, M.R. Diagnosis and treatment of depressive states. (General Practice Series) S. African M. J. 31: 525-528, 1957. Importance of early recognition and expert handling of the depressive state is emphasized by four significant sets of facts.

71. Dewan, J.G. Mild depression -- a common syndrome often unrecognized. Postgrad. M. 22:3-9, 1957.

72. Early recognition of psychiatric conditions. N. York State J. M. 59: 253-265, 1959.

73. Faucett, R.L. The management of emotional stress in the housewife. Minnesota M. 42: 549-554, 1959. Emphasizes the importance of stress as a cause of symptoms and points out value of early recognition by the family physician of these psychiatric implications.

74. ----- Psychiatric interview as tool of medical diagnosis. J. Am. M. Ass. 162: 537-539, 1956.

75. Folkson, Aleck. Clinical importance of the obsessional personality. Lancet, London, 2: 1220-1221, 1958. Distinction is made between the obsessional personality and the obsessive-compulsive neurosis. Suggestions for management in practice are given.

76. Learoyd, C.G. The first symptom. Practitioner, London, 181: 318-324, 1958. Abstracted, with commentary, in: "Editorials," Postgrad. M. 25: 356-357, 1959.

77. Lightburn, J.L., Cattell, R.B., Stephenson, W.F. Differential diagnosis of conversion reactions in a general hospital. Postgrad. M. 23: 140-147, 1958. Main differential points between conversion reaction and organic disease are presented. Prompt recognition and management are essential lest the symptoms become fixed by diagnostic and therapeutic procedures unrelated to the psychic etiology.

78. Martin, P.A. Clinical manifestations of anxiety. J. Michigan M. Soc. 56: 1252-1254, 1265, 1957. "Anxiety is the most frequent single symptom in all medicine. The anxiety signal becomes the most powerful motivation force in human life, the power which organizes the character, the defenses, the neuroses. It behooves physicians to be alert to the presence of this symptom and to become familiar with methods not only of alleviating the symptom but also of understanding and removing the causes of the symptom."

79. Meares, Ainslee. The diagnosis of prepsychotic schizophrenia. Lancet 1: 55-58, 1959. "Clearly the recognition of this condition must depend on the general practitioner, for only then will such patients be referred to the psychiatrist for assessment and treatment."

80. Miller, M.H. The borderline psychotic patient: the importance of diagnosis in medical and surgical practice. Ann. Int. M. 46: 736-743, 1957. Indications for referral are briefly outlined; physician's role in supportive therapy is emphasized.

81. Norbury, F.G. Danger signals for mental illness. Med. Times, Manhasset, 86: 864-868, 1958.

82. Rice, David. Somatic syndromes cloaking depressive states. Practitioner, London, 183: 49-56, 1959.

83. Smith, R.O. Psychogenic headache. Virginia M. Month. 86: 27-32, 1959.

84. Stevenson, Ian. Interviewing with narcosis. GP 18 (Oct): 133-137, 1958. Describes method which may speed psychiatric evaluation and discusses contraindications.

85. Stokes, A.B. Detection and management of emotional disorders. Canad. M. Ass. J. 77: 971-974, 1957. "Whenever a family physician is called he meets something of an emotional situation which he must control, whatever the physical illness."

86. Whitehorn, J.C. Interviewing in medical practice. Northwest M. 58: 1099-1105, 1959. Discusses interviews for history-taking, guidance, referral, and psychotherapy.

87. ----- Problems of psychiatric diagnosis. Northwest M. 58: 967-975, 1959.

88. Whitehorn, J.C. Stress and mental health. Northwest M. 58: 822-830, 1959.

89. Williams, V.P. The neuroses in general practice. Med. Clin. N. America (Sept): 1429-1438, 1957. "The physician should be equipped with adequate knowledge to diagnose and treat, on a sound basis, the psychiatric problems with which he may be faced."

IV. PRINCIPLES OF THERAPY

90. Appel, K.E. Psychotherapy: general principles. J. S. Carolina M. Ass. 53: 371-378, 1957.

91. Braceland, F.J. The phenotropic drugs in mental illness. J. Michigan M. Soc. 57: 1697-1707, passim, 1958.

92. Davidson, H.A. The semantics of psychotherapy. Am. J. Psychiat. 115: 410-413, 1958.

93. Fabing, H.D. Newer therapeutic weapons against disorders of the nervous system. J. Michigan M. Soc. 57: 1702-1707, 1958.

94. Fischer, H.K. Psychiatric progress and problems of drug therapies. GP16(Sept): 92-96, 1957.

95. Harding, M.E. A dynamic approach to psychotherapy. J. S. Carolina M. Ass. 53: 387-388, 1957.

96. Heilbrunn, G. Selection of patients for modern psychiatric pharmacotherapy in general practice. Northwest M. 55: 1198-1205, 1956.

97. Hopkins, Philip. Psychotherapy in general practice. Med. World, London, 89: 517-524, 1958. By a general practitioner.

98. Hyman, M. Some aspects of psychiatry in general practice. GP 16 (Oct): 83-86, 1957. By a general practitioner of 20 years' experience, now a psychiatrist; believes use of psychotherapy improved by better understanding of basic concepts.

99. Jansen, M.G. Psychotherapy in general practice. Med. J. Australia 2: 452-455, 1957. Personal account by a general practitioner isolated in a country practice. Discusses techniques, successes and failures, changes in doctor himself.

100. Kamman, G.R. Harmful effects of interpretive psychotherapy in certain involutional depressions. Minnesota M. 39: 451-453, 458, 1956.

101. Kaufman, M.R. Psychotherapies in a general hospital. J. Michigan M. Soc. 57: 252-256, passim, 1958.

102. Long, H.F. Specialty consultation in the family doctor's office. GP 16 (Oct.): 149-152, 1957. Author, a general practitioner, finds advantages in having specialists conduct "clinics" in his office. Describes system used in psychiatry and cardiology.

103. McClure, C.W., and others. Treatment of depression; new technics and therapy. Am. Practitioner 10: 1525-1530, 1959. Results of a workshop study (Brusch Medical Center, Cambridge, Mass.) on a large number of depressed patients. Conducted by general practitioners and specialists in collaboration with psychiatrists.

104. Malamud, William. The office management of the neurotic patient. Psychiat. Q. 33: 335-350, 1959. Presented in part at a Seminar in Psychiatry for General Practitioners, Carrier Clinic, Belle Meade, N.J., Oct. 22, 1958. Outlines symptoms of neurotic illness, goals of psychotherapy, and techniques available to the general practitioner.

105. Orland, Frank. Use and overuse of tranquilizers. J. Am. M. Ass. 171: 633-636, 1959.

106. Pollitt, John. The selection of depressed patients for electroconvulsive therapy. Practitioner, London, 181: 72-78, 1958.

107. Rashkis, H.A. A general theory of treatment in psychiatry. AMA Arch. Neur. Psychiat. 78: 491-499, 1957. "Theory of treatment based on alterations in the phenomenological, or perceptual, field, and the organization factor."

108. Robinson, G.W. Jr. Psychotherapy in the office of the family physician. GP 17 (Feb.): 115-119, 1958. Fundamental medical knowledge is basis of psychotherapy.

109. Rorie, R.A.B. Superficial psychotherapy. Med. Press, London, 240: 767-770, 1958. In series: "Modern treatment in general practice." Psychotherapy is described as being essentially a form of behavior, unknowingly used by every practitioner in his daily work.

110. Seitz, P.F. Can the general practitioner do psychotherapy? GP 19 (Mar.): 126-133, 1959.

111. Smith, A. P. Jr. The management of emotional disorders by the general practitioner. J. Nat. M. Ass. 51: 288-291, 1959. Use of ataractic agents in general practice.

112. Smith, J. A. Lost tranquility; the indications and contraindications for the use of tranquilizers. South. M. J. 51: 1432-1437, 1958. Author first considers basic circumstances of anxiety states.

113. Williams, N. L. The role of psychotherapy in modern medicine. South. M. J. 52: 299-305, 1959. Nonpsychiatric physicians in relationship to psychotherapy and the psychotherapist. Indicates that a good doctor is one who understands mental processes involved in complaints of his patients.

114. Ziskind, Eugene. The physician in the role of psychotherapist. Dis. Nev. System 18: 249-255, 1957. Outline presentation lists factors in psychopathology acceptable to psychiatrists with varying frames of reference.

V. REFERRAL AND HOSPITALIZATION

115. Bartemeier, L.H. On referring patients to other physicians. Northwest M. 56: 312-317, 1957. Discusses difficulties of referral and importance of preserving relationships.

116. Carlson, C.C. How to refer a psychosomatic patient to a psychiatric specialist. GP 18(Dec.): 105-108, 1958.

117. Davidson, H.A. The commitment procedures and their legal implications. In: Arieti, S. ed. American handbook of psychiatry. New York, Basic Books, 1959. 2 vols. Chapt. 96, vol. 2, p. 1902-1922.

118. Gamble, E.W. Psychiatric referrals. J.M. Ass. Alabama 28: 33-35, 1958.

119. Giffin, M.E. Criteria for pediatric referral to psychiatry. Minnesota M. 41: 16-20, 1958. "Basic requirement for referral is that of the practitioner's sensitivity to the importance of emotional conflicts in disease."

120. The physician's role in the hospitalization of the mentally ill. J. M. Ass. Georgia 48: 290-291, 1958.

VI. PSYCHIATRIC EMERGENCIES, INCLUDING SUICIDE

Book:

121. Stengel, Erwin, and Cook, N.G. Attempted suicide; its social significance and effects. With the assistance of I.S. Kreeger. London, Chapman, 1958. (Institute of Psychiatry, Maudsley Monographs, no. 4) 136 p.

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